U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	AUG192005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-/7088	2. Fiscal Year Covered From			
• •	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John f. Cubellis Jr.	Name Bricklayers & Allied Craftworkers Local 9 PA			
	Labor Organization File Number 540-049			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 729 Vogan SSt.	Street 100 Kingston DR			
City New Castle	City Pittsburgh			
State Pennsylvania ZIP Code + 4 16101	State Pennsylvania ZIP Code + 4 15235			
5. Position in labor organization. Chapter Chairman				
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the e	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organi	, or derived income or other economic benefit of zation represents or is activaly seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Bricklayers Pension Fund of Western PA	Meal, Trustee maetinng expense. 11/18-04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street 1200 #3 Gateway Center				

## Signature

ZIP Code +4 15222

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	John P. Culellis L	On	8/8/2005	724-652-6979
_	7		Date	Telephone Number

City

Pittsburgh

State Pennsylvania

\$125

Name of Person Filing John Cubellis Jr.	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organiza	ation		
Trade Name, if any:	b. Trust	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar va	lue of such dealing.		
City	12.a. Nature of interest ha	eld or income received.		
State ZIP Code + 4	ļ			
	1			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing	John Cubellis	Jr		File Number U-	
Name or resort ang	dom caperris	J			

## Part A Continuation Page

A. Held a employee	n interest in, engaged in transactions (including loans) with, or derived in s your organization represents or is activaly seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
6. Name	and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
		Annual expense reimbursement for attendance at pension meetings for 2004.
Name	Bricklayers Pension fund or Western PA	pension meetings for 2004.
Trade	Name, if any:	
ВΛВ	ox, Bldg., Room No., if any	
P.O. 6	ex, Blug., Noon No., I ally	7.b. Amount.
Street	1200 #3 Gateway Center	
		\$100
City	Pittsburgh	,
State	Pennsylvania ZIP Code + 4 15222	
A. Held a employe	an interest in, engaged in transactions (including loans) with, or derived es your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name	and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trado	Name, if any:	
Trade	rianic, a any.	
P () E	Box, Bldg., Room No., if any	
F.O. L	Jox, Blog., Nooil No., a diff	7.b. Amount.
Street		
City		
<u>.</u>	71D Code 1 4	
State	ZIP Code + 4	
A. Held	an interest in, engaged in transactions (including loans) with, or derived es your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
		7.a. Nature of Interest, Transaction, or Income.
b. Name	e and address of Employer (including trade name if any).	
Name	3	1
Trade	Name, if any:	
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PΩ	Box, Bldg Room No., if any	
1.0. Dos, Dieg., Rediff Fro., it diff		7.b. Amount.
Stree	t	
City		
State	ZIP Code + 4	
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